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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,597	
	Filing Date	11/28/2000	
	First Named Inventor	Peter L. Rosefield	
	Art Unit	2822	
	Examiner Name	Ida M. Soward	
Total Number of Pages in This Submission	6	Attorney Docket Number	1376-0100020

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ryan S. Davidson, Reg. No. 51,596
Signature	
Date	July 12, 2004

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PATENT

2822
IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Peter L. Rosefield

• Title: APPARATUS HAVING REDUCED INPUT OUTPUT AREA AND METHOD THEREOF

• App. No.: 09/724,597

Filed: 11/28/2000

Examiner: Ida M. Soward

Group Art Unit: 2822

Customer No.: 34456

Confirmation No.: 7653

Atty. Dkt. No.: 1376-0100020

Mail Stop Non-Fee Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed June 17, 2004, please amend the above-identified application as follows:

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<u>Tony O'Neil</u> Typed or Printed Name	<u>[Signature]</u> Signature